

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51	/			
2	/						52		/		
3	/						53		/		
4	/						54		/		
5	/						55	/			
6	/						56		5		
7	/						57				
8	/						58				
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41	/						91				
42		/					92				
43		/					93				
44	/						94				
45		/					95				
46		/					96				
47	/						97				
48		/					98				
49		/					99				
50		/					100				
TOTAL IND.	45						TOTAL IND.				
TOTAL DEP.	15						TOTAL DEP.				
TOTAL CLAIMS	16						TOTAL CLAIMS				